

Nassau County
Community Health Assessment
2010 Update



Volume Three
Local Health Issues, Priorities
and
Opportunities for Action

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Nassau County Community Health Assessment

2010 Update

Volume Three

Local Health Issues, Priorities and Opportunities for Action

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Local Community Problems and Issues

NCDOH works with a variety of groups individually and in collaboration with others to improve the health status of the community. Many of these organizations are described below.

<u>Committee</u>	<u>Purpose</u>	<u>Staff attending</u>
Asthma Coalition of Long Island	Reduce incidence of asthma in children and improve treatment of asthma in children in Nassau & Suffolk. Not-for-profit private organization affiliated with America Lung Association	Health Educator Public Health Nurse Preventive Medicine Physician
Nassau County Traffic Safety Board	Promotion of best practices and injury prevention	Health Educator
Nassau County Safe Kids Coalition	North Shore/LIJ lead agency. Health promotion and injury prevention targeted at youth	Health Educator
Diabetes Resource Coalition of LI	Identify resources and raise diabetes awareness by providing information and education about the prevention and treatment of diabetes	Health Educator
Association of Public Health Laboratories Laboratory Standards and Systems Committee	National professional organization addressing scientific and governmental issues related to Public Health Laboratories	Director of Public Health Laboratory
Medical Reserve Corps	Recruits, trains and exercises the 520 volunteers for a coordinated response to Emergency Preparedness and assists with public health initiatives	Public Health Nurse
Cities Readiness Initiative (CRI) Regional Planning Meetings: City and State	Federally funded effort to prepare major US cities and metropolitan areas for bioterrorist response	Public Health Nurse
State Emergency Management Organization (SEMO): Regional Sheltering Meetings	Discuss regional sheltering planning efforts.	Public Health Nurse
HMMACG (Health and Medical, Multi-Agency Coordinating Group)	Healthcare facility evacuation planning	Public Health Nurse
REMSCO (Regional Emergency Medical Services Council)	Facilitate regional cooperation, planning and implementation of an integrated emergency medical services system	Public Health Nurse
RRC (Regional Resource Center) Nassau and Suffolk	Prepare and coordinate emergency preparedness of all NYS hospitals	Public Health Nurse
VOAD (Voluntary Organizations Active in Disaster)	Planning recovery efforts after disaster	Public Health Nurse
Emergency Department Director's Meeting	Discuss and resolve ED and EMS challenges	Public Health Nurse
Community Engagement Meetings for Public Health Emergency Preparedness Presentations: Community or faith-based, senior citizen groups, special needs agencies	Inform community of emergency preparedness	Public Health Nurse

<u>Committee</u>	<u>Purpose</u>	<u>Staff attending</u>
BDS (Bio-Detection System) Conference Calls	Plan for response to an anthrax exposure within Postal Service facilities	Public Health Nurse
Clinical Ops Conference Calls	NYSDOH Point of Dispensing operations	Public Health Nurse
RRC (Regional Resource Center) Conference calls	NYSDOH	Public Health Nurse
Perinatal Consortium	Identify barriers of access to care and plan and coordinate prevention, education, and clinical service programs	Public Health Nurse Health Educator
No Wrong Door Client Feedback Committee	Improve access and coordination of county needs-based services	Public Health Nurse
Hands Across Hempstead	Youth enrichment and leadership training	Health Educator
Long Island March of Dimes Program Services Committee	Plan and coordinate prevention and education to promote infant health	Public Health Nurse
Nassau County Best Practices for Perinatal Mood Disorders Task Force	Review and establish standards and guidelines for treatment and care of perinatal mental health services. Increase awareness of perinatal mood disorders	Public Health Nurse
Nassau County Child Fatality Review Team	Review pediatric deaths for the creation of preventive measures and best practices	Public Health Nurse Physician
Hempstead High School Teen Pregnancy Sub-Committee	Outreach for prevention of teenage pregnancy and promotion of supportive services for improved outcomes	Public Health Nurse
Coalition Against Bed Bugs/Hempstead Tenants Association	Address issues of pest control	Sanitarian
Autism Coalition (sponsored by Harbor Day Care)	Identify gaps in service and advocate for improved care and early intervention	Public Health Nurse
Parenting Resource Network of the Jewish Community Centers	Provide educational and community resource information to parents: goal is school readiness	Public Health Nurse
Preschool Best Practice Committee	Obtain community and professional input for the improvement of preschool special education programs	Public Health Nurse
SETRC (Special Education Training Resource Center) Training	Liaison with SETRC and ECDC to provide trainings to CPSE chairpersons on preschool issues and NYSDOE initiatives	Public Health Nurse
Long Island Coordination Meeting – New York State Education Department	Nassau and Suffolk County Preschool Programs and Early Childhood Direction Centers meet with NYSDOE to discuss municipality issues and review NYSDOE communications	Public Health Nurse
Downstate Early Childhood County Officials (DECCO)	Early Intervention Officials, Preschool Municipality Directors and Assistant Directors Consortium to review and interpret policies and their impact on downstate region; advise and consult NYSDOH and NYSDOE	Public Health Nurse
County Executive’s Autism Coalition	Coalition of stakeholders to develop a roadmap for government policy	Public Health Nurse Research Scientist Physician

<u>Committee</u>	<u>Purpose</u>	<u>Staff attending</u>
Adelphi University School of Education Advisory Committee	School Superintendents, community and government and academic representatives to advise NYSDOE of issues to improve teacher preparation	Public Health Nurse
Adelphi University Institute for Parenting	Forum of stakeholders to exchange ideas to ensure the health and well being of young children and developing families	Public Health Nurse
Local Early Intervention Coordinating Council (LEICC) Autism Committee	Address issues about improvement of delivery of EI services to children with ASD	Public Health Nurse
Local Early Intervention Coordinating Council (LEICC) Public Awareness/Child Find Committee	Assist NCDOH with mandate to promote awareness of EIP, provide outreach to underserved communities, identify children at risk	Public Health Nurse
Local Early Intervention Coordinating Council (LEICC) Interagency Committee	Assist and advise NCDOH in matters such as Best Practices, Quality Assurance	Public Health Nurse
Local Early Intervention Coordinating Council (LEICC) Transition Committee	Assist and advise NCDOH re smooth transition of children from EI to Preschool and other programs/supports	Public Health Nurse
The Early Years Institute Advisory Committee	Consortium of stakeholders to further LI agenda to improve quality of early childhood learning environments	Public Health Nurse
Long Island Network for Families of Children with Special Health care Needs	Family education and advocacy through introduction to community resources	Public Health Nurse
NYS Conference of Environmental Health Directors	Confer with Environmental Health Directors & NES Health Officials on current environmental health issues	Environmental Health Director
Long Island Regional Planning Council	Advocate for the protection of environment health during community economic development	Sanitarian
Nassau County Water Resources Board	Advocate for policies that protect the quality and safety of water supply	Public Health Lawyer
Nassau County Pesticide Advisory Committee	Prevent the contamination of ground water supply	Public Health Lawyer
West Nile Virus Round Table	Set standards and increase awareness of protective and preventive measures.	Sanitarian
Advisory Committee on Water Safety	The effective implementation of programs for the control of bathing beaches & swimming pools operating within NC. Special focus: certification of lifeguards & volunteer examiners who test applicants.	Sanitarian
NC Soil & Water Conservation District (SWCD)	Conserve the county soil and water resources.	Sanitarian
The Tobacco Action Coalition of Long Island	Obtain pertinent information for the healthy homes program. Funded by the NYSDOH Tobacco Control Program.	Sanitarian
Long Island Water Conference (LIWC)	Promote a pure & plentiful water supply	Sanitarian

<u>Committee</u>	<u>Purpose</u>	<u>Staffing Attending</u>
Long Island Advisory Committee to Regulatory Agencies	Discuss water supplier regulatory concerns	Sanitarian
Long Island Ground Water Institute	Promote the study & protection of Long Island	Sanitarian
Vital Signs	A research-action project, and the main component of the thought leadership initiative, tracks and assesses the social health of Long Island residents and communities, and helps the center to identify the region's pressing social issues and areas of need.	Physician
NYS Chapter American Water Works Association (AWWA) including "Water for People" volunteer to help people in developing countries obtain a potable water supply.	Assess and provide recommendations to County Executive and NCDOH on minority health	Sanitarian
Nassau County Medical Society Executive Committee	Educate and inform Executive Committee members of NCDOH activities	Commissioner
Nassau County Medical Society, Public Health and Preventive Medicine Committee	Educate and inform agencies and providers on health policies and reform that influence health disparities	Physician
HIV Commission	Guide priority setting and funding allocations, review grant applications and make recommendations to the Commissioner on grant administration	Physician
Cancer Screening Partnership	Pilot program for implementing parallel translations for health promotions materials in multiple languages	Physician
Building For Success	Link community partners through information sharing, collaborations, trainings, and pooling resources	Physician
Ryan White Planning Council	Regional grant administration for HIV treatment services	Commissioner

Collaborations

In order to develop a collaborative effort among the six hospital systems, representing all individual hospitals in NC, NCDOH invited all of the hospital systems for a meeting to discuss their Community Service Plans as described in the Agenda Description and Priority Areas section, Item 4. During this initial meeting, NCDOH presented the NYS Prevention Agenda, reviewed the guidelines for the hospital Community Service Plan as well as the Community Health Assessment. After thorough discussion and review of the NC Indicators for Tracking Public Health Priority Areas obtained from the NYSDOH website, NCDOH highlighted nine priority areas where NC fell short of the goals for the state.

The group developed a priority setting plan to help decide which of the ten priorities outlined in the Prevention Agenda would be feasible to address and fulfill the needs of their catchment areas.

NCDOH encouraged the group to select at least two priorities that would allow all of the hospitals in the county to collaborate toward achieving a common county-wide goal. After consideration of the above, the group decided to select:

Tobacco use: Prevention and cessation

Unintentional injury: Prevention of falls among those aged 65+ Years

Two work groups, named the “Thought Leaders”, were established for each priority. The Thought Leaders consisted of representatives from each hospital and NCDOH to assess the current status, programming, resources, and potential partners under each priority and to develop a strategic plan to address each priority over the next three years.

Under the Tobacco Use priority, the Thought Leaders agreed on the following:

- Year 1
 - Evaluate all programs and educational materials currently offered
 - Establish smoke-free hospital campuses
 - Seek community input for smoking cessation classes– survey on best methods
 - Develop a plan for educating hospital and physician staff
 - Develop provider education for discussing tobacco use and cessation with patients. CME credits will be awarded as an incentive.
 - Develop media campaign with the Center for Tobacco Control and all hospitals
 - Discuss with hospital pharmacies to ensure appropriate smoking cessation medications are part of their formulary
- Year 2
 - Implementation of the above items
 - Measure process through surveys of behavior change, number of individuals educated, number of patient-provider discussions on tobacco use
- Year 3
 - Continuation
 - Primary targeted population: physicians and other health care providers in NC
 - Secondary targeted population: patients of hospital providers who smoke in NC

Under the Falls Prevention priority, the Thought Leaders agreed on the following:

- Year 1
 - Inventory hospital and other partners to determine what services are already in place
 - Hold focus groups to assess needs and get community feedback
 - Develop a standardized falls assessment tool, based on national best practices (CDC materials selected as they are valid, evidenced-based and easy to access)

- o Develop a pre/post measurement tool based on national best practices that can be administered to participants at the program before and after the presentation
 - o Develop at least one standardized falls educational prevention handout based on national best practices that can be distributed to community program participants (recommendation was to use CDC educational handouts “*What you can do to prevent falls*” and “*Check for Safety – A home fall prevention checklist for older adults*”)
 - o Hold two community educational programs utilizing new standardized education handout and assessment tool
 - o Educate and create community awareness on the impact of and risk factors for falls
- Year 2
 - o Review current programs for opportunities to expand and improve
 - o Continue to provide community education programs, at least two per year
 - o Develop county-wide campaign and brand it with a tag line such as *Long Island Stands Up for Falls* and use it on marketing and educational materials
 - o Increase public awareness of falls by utilizing community newsletters, public service announcements, web sites, physician offices, politicians’ announcements, brochures, and various hospital newsletters - community, physician and employee
 - o Provide educational program for the children of our senior groups to further promote this awareness campaign
 - o Increase awareness among hospital staff by offering fall prevention education to include home assessment tools and balance strengthening exercises
 - o Increase awareness for inpatients by providing fall prevention education as part of discharge planning
- Year 3
 - o Partnership to meet to assess strategies and goals to determine needs for the third year
 - o Primary targeted population: NC residents aged 65 years and older

Six hospital systems operate in NC. These systems have been categorized for available services based on the following: availability, accessibility, affordability, acceptability, quality, and service utilization issues. Please refer to the Hospital System Assessment Table in the appendices.

Behavioral Risk Factors

Statewide, community-specific and/or locally-developed estimates for the prevalence of health risk behaviors can be used to identify and discuss population subgroups that are at increased risk due to unhealthy behaviors. The NC BRFSS provides some information regarding the health as it relates to NYS and the US as a whole. Areas suggesting inactivity, poor nutrition, and overweight status are suggestive of unhealthy behaviors that could be improved. Furthermore, high risk behavior in young persons is evident in the data.

Local circumstances/barriers related to priority health concerns and/or disparities have been considered and concerns in selected communities were discussed earlier. These communities are poorer than other communities in NC. Risk factors to consider that affect and contribute to the health and safety of these communities are listed below.

NC's pockets of poverty include Freeport, Hempstead, Inwood, Long Beach, Roosevelt, Uniondale and Westbury. Housing policies and community development may have an affect on social and health outcomes. Education, specifically school drop-out rates, teenage pregnancy rates, infant mortality rates also impact ability to seek and maintain education and henceforth employment. The AIDS Institute's Community Needs Index, an index measuring high risk behavior in communities, is higher in these communities and contributes to social and health status. These selected communities tend to be ethnically and racially diverse.

Utilizing the Community Health Assessment On-line Survey results and comparing the answers from selected communities against others demonstrated some variation. Those in selected communities described their health as good yet perceived themselves as overweight at a slightly higher percentage than those in other communities. Preventive health services were also obtained by the selected communities group at a similar percentage compared to the other communities with the exception of prostate exams, pap smears, and colorectal exams. Those in the selected communities had fewer prostate and colorectal exams than the other communities while they received more pap smears. A similar proportion received mammograms in both groups; however, a higher proportion in the selected communities did not. The majority of respondents in both groups did not claim to have diabetes, hypertension, or hypercholesterolemia.

The discussions from the NCBOH sessions elicited a difficulty in getting the selected communities to utilize available resources. Factors contributing to this concern include but are not limited to communication, cultural and education barriers. Opportunities through educational, government, health institution, community and civic partnerships may minimize these barriers.

Profile of Unmet Need for Services

The NCDOH has identified ways to improve the health of identified at-risk groups and has made changes to assist in improving programs of the department. The list below identifies recent changes, collaborations, educational programs, and outreach designed to better serve target groups.

Recent Changes:

- NCDOH creation of the Center for Social Health and Advocacy
- Healthy Nassau Program development – promoting healthy living and choices
- Lab improvements in efficiency and addition of automated testing – increased testing in the NCCC and Office of Chemical Dependency for GC/Chlamydia, Syphilis and HIV
- Expansion of staffing for Community Health Worker Program due to its success and increased demand
- Workplace Lactation Pilot Program
- Co-location of Emergency Preparedness Division of NCDOH within the Office of Emergency Management headquarters allows social and health concerns to be closely involved with all county-wide emergency management efforts

NCDOH has identified gaps in services and a list is provided below along with location within the county.

- Chronic disease prevention – countywide
- Physical activity promotion and nutrition education - countywide
- Diabetes Education – countywide
- Prostate Cancer and Colon Cancer screening - selected communities
- Medical Nutrition services for HIV – countywide (Stony Brook provides only for pediatrics)
- Hepatologists caring for those co-infected with HIV and Hep B/C - regionally
- Teen pregnancy prevention/education - need for expansion of Community Health Worker program into areas outside of Hempstead – selected communities
- Targeted testing for TB – areas with high numbers of immigrant residents
- Dental Care for Medicaid recipients – countywide
- Veterans' Care – no veteran's hospital, nursing home, or adult day care in the county
- Jail Health – HIV/STD testing upon discharge and reentry training needed to prevent repeat offenses and high risk behavior upon discharge – East Meadow, NY
- Transportation for medically needy and disabled – countywide
- Cultural competency training for health care providers – countywide
- Workplace wellness programs – countywide
- Emergency Preparedness for most vulnerable populations – countywide
- Increase HIV testing efforts (e.g. offer to NCCC visitors, push for legislation to routinize testing)

Below is a list of barriers and potential problems that may be encountered in providing these services:

- Lack of funding
- Lack of awareness of the importance
- Community apathy
- Lack of qualified providers
- Limitation to the Community Health Worker Program grant
- Lack of dentists taking Medicaid
- Lack of physicians accepting Medicaid
- Fear of government involvement leading to resistance of accepting available resources
- Limited public transportation system
- Added burden to schools, businesses, community's already vast responsibilities
- Language barriers
- Slow Medicaid enrollment process

	Nassau	New York	U.S.	Statistically Significant Geographic Findings
Health Behaviors and Lifestyle Choices				
Engage in recommended levels of physical activity	44.8%	48.1%	49.1%	<ul style="list-style-type: none"> • Adults 65 and over less often engaged in recommended physical activity than adults 25-44 and 55-64.
Eat recommended servings of fruits and vegetables	25.7%	26.0%	23.2%	<ul style="list-style-type: none"> • Women more often ate recommended servings than men. • Whites more often ate recommended servings than Hispanics. • Residents in Hempstead Village/Uniondale less often ate recommended servings than residents in the Town of North Hempstead² and the county overall.
Overweight: BMI of 25 to 29.9	38.9%	37.6%	36.7%	<ul style="list-style-type: none"> • Males were more likely to be overweight than females.
Obese: BMI of 30 or higher	19.6%	22.2%	24.4%	<ul style="list-style-type: none"> • Blacks were more likely to be obese than Whites. • Those in the Other race category were less likely to be obese than Blacks, Whites and Hispanics.
Current Tobacco Use in past 30 days	15.4%	20.5%	20.6%	<ul style="list-style-type: none"> • Adults 45-54 years were more likely to be current tobacco users than those 65 and older.
Engage in behaviors that increase risk of HIV/AIDS	2.1%	n/a	n/a	<ul style="list-style-type: none"> • Residents between 18-24 years more often engaged in risky behaviors than 55-64 year olds.
Alcohol: Binge Drinking (5 or more drinks on an occasion)	10.7%	14.7%	14.4%	<ul style="list-style-type: none"> • Men more often reported binge drinking than women. • Those 18-44 years more often reported binge drinking than those above 55 years. • Those 25-34 years more often reported binge drinking than those 45-54 years. • Whites more often than Other race category reported binge drinking. • Nassau County residents less often reported binge drinking than NYS and the nation.
Alcohol: Heavy Drinking (2 or more drinks on an occasion)	2.9%	4.9%	4.9%	<ul style="list-style-type: none"> • Whites more often than Blacks and Hispanics reported heavy drinking. • Inwood and Westbury/New Cassel residents less often reported heavy drinking than the county overall. • Nassau County residents less often reported heavy drinking than NYS and the nation.

Local Health Priorities

The NCBOH and the NCDOH work with many provider and consumer groups to focus our efforts on improving community-wide health status. These groups meet on a regular basis and advise us on continuing programs and on new initiatives. These advisory groups include and are not limited to:

- Minority Health Task Force
- Long Island AIDS Action Coalition
- Long Island Minority AIDS Coalition
- HIV Commission
- Asthma Coalition
- Diabetes Coalition
- Oral Health Coalition
- Nassau County Autism Coalition
- County Executive Thomas R. Suozzi's Healthy Nassau Program
 - Healthy Mothers and Babies
 - Healthy Youth
 - Healthy Adults and Seniors
 - Healthy Homes
- Local Early Intervention Coordinating Council
- Nassau County Inmate Advocacy Coalition
- Grass Roots Environmental Advocacy Group
- EOC Childhood obesity prevention
- Long Island Lactation Consultants Association
- Ryan White Planning Council
- March of Dimes
- Neighborhood based alliances and advisory councils
- Nassau University Medical Center Community Health Centers – Community Advisory Committees
- Nassau County Bed Bugs Task Force
- Long Island Water conference
- HIV Commission
- Black Leadership Commission on AIDS
- Planning Board
- Long Term Council
- Nassau Academy of Medicine Prevention Committee
- Legislative Health Committee
- Community Service Plan work group participation
- Baby Basics
- Local Chapter American College of Physicians
- Local Chapter American College of Obstetricians and Gynecologists
- Local Chapter American Academy of Pediatrics
- Nassau County Pediatric Society
- Nassau County OB/GYN Society
- Nassau County Medical Society

These regularly held meetings and discussions contributed to the establishment of local health priorities.

- The third and final segment of the community outreach effort was the collaboration among the six hospital systems (11 hospitals) in NC in establishing their Community Service Plans as described in the Prevention Agenda and Priority Areas Item 4 and Section Three: Problems and Issues in the Community - Collaborations.

NCDOH encouraged the group to select at least two priorities that would allow all of the hospitals in the county to collaborate toward achieving a common county-wide goal. After consideration of the above, the group decided to select these two local health department priorities:

- **Tobacco use: Prevention and cessation**
- **Unintentional injury: Prevention of falls among those aged 65+ Years**

Additional priorities chosen were based on the information gathered by the NCBOH sessions which included many community based agency representatives, online survey and data collection. All of these are described earlier in the Community Health Assessment. The additional local health priorities are to improve prenatal care access and reduce infant mortality, prevent cardiovascular disease, and promote and educate physical activity and healthy nutrition intake. These had the interest, concern and backing of the community while data supported the need.

Therefore, the five local health priorities are:

- **Tobacco use: Prevention and cessation**
- **Unintentional injury: Prevention of falls among those aged 65+ Years**
- **Prenatal Care and Infant Mortality – a health disparity**
- **Physical Activity and Nutrition promotion/education**
 - **Cardiovascular disease prevention**
 - **Diabetes prevention**
 - **Obesity prevention**
- **Cancer prevention and screening**

These can be addressed most effectively through education, collaboration and legislation in NC.

Opportunities for Action

Smoking, poor nutrition, and sedentariness (unhealthy behavior choices) contribute to cancer, poor birth outcomes, cardiovascular disease, diabetes, and obesity. Meanwhile, promotion of safe, physical activity may prevent falls. Healthy nutrition choices and smoking cessation have been shown to prevent some forms of cancer and obesity. An aggressive health promotion campaign needs to target healthy choices, identify barriers to making healthy choices and reach all populations in NC. The NCDOH aims to address the local health priorities utilizing the ten essential public health services described by the National Public Health Services Program:

1. Monitor health status
2. Diagnose, and investigate health problems and hazards
3. Inform, educate and empower
4. Mobilize community partnerships
5. Develop policies and plans
6. Enforce laws and regulations
7. Link people to care
8. Assure a competent public health workforce
9. Evaluate effectiveness of health services
10. Research for new insights and innovative solutions

Research/Education/Awareness/Promotion

The NCDOH has at its disposal a vast amount of data that can be studied and utilized to educate and mobilize residents, physicians, and community based agencies toward improved health. The utilization of data for this purpose may yield the greatest opportunity for action. The recent establishment of the **Office of Research and Epidemiology** will move to this end.

An academic publication effort is underway to educate others and stimulate academic thinking to solve public health problems within the county. Since the inception of this effort in 2008, two journal articles have been accepted for publication. A third article is under review. A fourth article is in production based on a pilot project led by the NCDOH. More of these efforts help the department focus initiatives, evaluate efforts and generate thought provoking activities.

The Office of Research and Epidemiology has been organized to expand on these efforts and utilize research and tools to monitor effective strategies for public health benefit and seek grant support for effective programs. Use of data to measure effectiveness of activities may help in attaining grant support which is needed to address ever-growing health issues and barriers to health.

The **Healthy Nassau Program** is a means of reaching all populations in order to promote healthy choices. The program has been created to promote health awareness and health education. Healthy Nassau is organized based on age groups over the life spectrum and includes the home environment. Each subgroup within Healthy Nassau addresses particular health concerns by promoting healthy choices. Each subgroup has community, health care, academic, government and health department members advising on action steps for health promotion.

The **Healthy Mothers and Babies** committee of Healthy Nassau simply believes that healthy mothers make healthy babies. The Healthy Mothers and Babies program is promoting tobacco cessation in young childbearing women; folic acid supplementation in diet during childbearing years; and breastfeeding of infants. This community, health care and government collaboration works to stay on target in its mission of promoting healthy choices.

The **Healthy Youth** program brings together government, health, environmental and school representatives to promote healthy choices, create legislation and minimize high risk behavior in the youth of our county. A School Wellness Initiative has grown from this organization to educate and certify schools as being wellness leaders in the county for the children in their schools. This collaboration is used as a format to promote healthy choices and minimize high risk behavior in youth.

The **Healthy Adults and Seniors** program has prioritized tobacco cessation; walking promotion; and falls prevention as priority areas of need for this population. Cardiovascular disease and Falls are priority health concerns for this age spectrum. Walking programs have been created in NC and can be expanded to other areas throughout the parks and recreation system, business areas, and school communities (safe paths to schools).

The **Healthy Homes** program educates and creates an awareness of health hazards in the home including chemicals, air quality, volatiles, carbon monoxide, fire hazards as well as fall risk assessment and prevention education for the in-home environment.

In short, the **Healthy Nassau** program is a means to educate by obtaining input from committee members, staff and the community. Healthy choices, policies and programs are established and promoted for the NC community.

The **Office of Communications and Health Education** is newly created to promote health and educate residents on health matters utilizing media, website, and community based activities such as school based educational programs, health fairs, and speaking opportunities as well as creative new ideas such as video making and sharing to educate new populations about health. This will help spread health information to the community and public level.

Collaboration

Working in a team based, multi-disciplinary manner to address priorities is how health promotion success will most likely occur. The Community Service Plan effort with a collaborative effort of all 11 hospitals in NC is just one example of how best to address health issues. As previously stated, all NC hospitals are collaborating to address tobacco cessation and falls prevention in their Community Service Plans for NYSDOH. This same strategy of collaboration will be needed to address the other health priorities: prenatal and infant mortality, physical activity and nutrition, and cancer prevention and screening.

A severe economic downturn in our area has forced community agencies and organizations, governments, hospitals, and healthcare providers to partner for maximal leverage and benefit. Examples of existing collaborations are listed below. These current efforts and relationships will continue to be utilized and maximized to address the local health priorities:

- Education and outreach
 - Long Island AIDS Action Coalition – HIV Prevention
 - Long Island Minority AIDS Coalition – HIV Prevention
 - Baby Basics – health literacy program for ethnically and racially diverse populations
 - Planned Parenthood – pregnancy prevention and education

- NYSHEPA – Calorie Menu labeling promotion
- American Heart Association
- American Cancer Association
- Food Service Establishments – food service classes for management (English and Spanish)
- Economic Opportunity Commission (EOC) – childhood obesity prevention
- Vote and Vaccinate Program at election sites
- Emergency Preparedness Community and Faith Based Community Trainings
- Heroin Summit
- Asthma Program – Environmental Health Education Program
- No Wrong Door Case of the Week – helps identify and address social factors involved in the health of our clients and improve access to services.
- Advisory boards:
 - HIV Commission
 - Minority Health Task Force
 - Healthy Mothers and Babies Committee
 - Healthy Youth Committee
 - Healthy Adults and Seniors Committee-addresses demographic shifts
 - Healthy Homes
 - Safe Water Task Force
 - Nassau County Bed Bugs Task Force
- Coalitions:
 - Asthma Coalition
 - Diabetes Coalition
 - Oral Health Coalition
 - Autism Coalition
 - Local Early Intervention Coordinating Council
 - Nassau County Inmate Advocacy Coalition
 - CASA – Spanish coalition helps promote health in Spanish speaking populations
- Workplace/Human Resources
 - Long Island Lactation Consultants Association
 - Healthy Nassau Workplace Wellness
 - Current Plans to promote Healthy Nassau Walking Program for Nassau County government employees
- Government Partnership
 - County Executive Thomas R. Suozzi’s Healthy Nassau Program
 - Ryan White Planning Council
 - West Nile virus Regional Conferences
 - Long Island Regional Planning Council – public health input for land use, planning and transportation
 - No Wrong Door Program – HHS vertical program
 - Case of the Week learning discussions
 - Maximizing enrollment and social service programs
 - Department of Senior Services collaborative efforts
 - Falls prevention
 - Senior immunizations
 - Awareness of end of life decisions
 - Training Emergency Medical Technicians to ask about advanced directives

- Chronic disease training
- Suffolk County regional partnership with Ryan White funding
- Vote and Vaccinate program with Board of Elections
- County Legislators and Calorie Menu Labeling
- Board of Health and Trans fat ban
- Co-location of Nassau County Office of Emergency Management and NCDOH Emergency Preparedness
- Planning Commission and Master Plan – public health input for land use, planning and transportation (walking trails)
- STOP (Stop Throwing Out Pollutants) Drug Disposal Program – NCDOH, Town of North Hempstead and NC Police Department
- Nassau County Towns and Rabies vaccine program
- Business Partnership
 - Steps toward formation of the Nassau Center for Health Initiatives
 - Healthy Nassau Walking Club at Roosevelt Field
 - West Nile virus awareness – Grass Roots
 - Point of Dispensing Clinic business partnerships
 - Healthy Nassau program committee members
 - Food industry
 - Calorie labeling legislation
 - US Open Golf Food service inspections
 - Banning of Trans Fat
 - Nutrition Content Accountability efforts
 - Cooking and Food Safety Health Education
- Schools/Universities
 - Healthy Youth – School Wellness Program
 - H1N1 Preparedness with BOCES Health and Safety Officer
 - Teen pregnancy prevention/case management
 - HIV/STD case management
 - HIV/STD testing and outreach
 - H1N1 collaboration in POD implementation at local colleges and universities
 - Smoking ban in dormitories
- Health Care Providers – Strengthening health care safety net
 - Perinatal Care Services Network
 - Nassau University Medical Center – Community Health Centers
 - Nassau County Medical Society
 - Nassau County OB/GYN Society
 - Nassau County Pediatric Society
 - Nassau University Medical Center – Community Health Centers
 - Community Service Plan work group participation
 - Baby Basics in Perinatal Care Partners
 - American College of Physicians
 - American College of Obstetricians and Gynecologists
 - American Academy of Pediatrics
- Health Care insurers
 - Baby Basics offering to Managed Care Organizations
 - Healthy Mom's and Babies: Folic Acid use promotion for recipients

- Media
 - West Nile virus public service announcements – radio
 - Rabies messaging – press releases in weeklies
 - H1N1 planning efforts – press conferences
 - Health education and promotion
 - Radio
 - Print newspapers
 - Weekly newspapers
 - Newsday
 - Television
 - News 12
 - TV55
 - Metropolitan stations

These collaborations must be utilized to educate, reach out, create awareness, promote health, seek grants and develop regulations and policies.

Legislation/Regulation/Enforcement

Recent areas of legislation for NC affecting health behavior include but is not limited to banning of trans fats in restaurants; requiring calorie menu labeling; preventing residential mosquito breeding; enforcing ATUPA (selling of tobacco to minors) legislation; and requiring parental consent for tattooing and piercing of minors. Legislation is an important aspect of affecting health behaviors and can be referred to as social regulation. A first step in achieving productive legislation is education. Educating the public and leaders of the community about the harmful effects of a behavior can then lead to a discussion of how to rectify or manage a problem. The next step is collaboration to arrive at a consensus. Lastly, is the creation of legislation but this cannot and should not be addressed unless evidence exists that such legislation will benefit a population. Education, research, and collaboration are all vital to achieving legislative success and in turn, leading to change in social behaviors or activities. The recent passing of calorie menu labeling legislation (September 2009) in NC is an example of this process.

Further opportunities exist to improve the health of the residents. The NCDOH will promote Calorie Menu Labeling education in schools, and encourage labeling on school take home menus and websites. The NCDOH will further advocate for this information and education to be available at permitted facilities, vending machines, county owned facilities and local hospitals.

In addition, skin cancer rates are higher in NC than in NYS as a whole. NCDOH needs to provide skin and sun protection education to all lifeguards upon certification with the NCDOH. Furthermore, NC is considering the adoption of the NYS Tanning Law.

Social Health and Advocacy

The NCDOH recently created a division of Social Health and Advocacy to address health disparities in the community. The HIV/STD and Tuberculosis bureau are operated in this public health framework. These illnesses tend to affect poorer, ethnically and racially diverse populations. In order to effectively treat and manage these populations, cultural competency and advocacy is required.

Recent economic challenges have put a greater burden on socioeconomic stress which can negatively impact health. Access to health care will become increasingly difficult. Understanding the impact of social issues on health will better help address the barriers faced. The opportunity to address health as it relates to socioeconomic levels is critical.

Socioeconomic stress can affect health and home situations. Hazards in the home such as lead and increased risk for falls, for example, are issues that can be addressed in collaboration with the NCDOH Environmental Health division. Injuries and risks may be prevented if cross training of staff and awareness by staff members involved in HIV/STD or Tuberculosis investigations occur regarding potential home health hazards.

Demographic Shifts

NC currently has 15% of its population over 65 years of age, a greater proportion than that in NYS and the nation as a whole. Our society is poised to cope with a longevity revolution and the burden of longevity as the lifespan of man has nearly doubled in one century from 1900 to 2000. A child born in the year 2000 is now expected to live to 84 years of age.

NC is an aging community and this demographic shift will burden health of the residents and the health care system in new challenging ways. The need to focus on chronic disease, injury prevention, dementia, and transportation needs is vital. Senior health must be an increasing part of public health. Encouraging delivery of services to the home; promoting adult immunizations;

education to prevent falls in the home; and encouraging the benefits of social support services via family and community based agencies is warranted along with health promotion via nutrition and exercise education and access.

Technology

Information technology should be mobilized to benefit public health and make more effective and efficient use of the public health infrastructure and services. Establishing efficient technological use in programs, case management, evaluation of environmental safety concerns (e.g. food safety, food testing), and laboratory automation are examples. Monitoring of contracts which deliver services to residents must be made efficient and simple to use.

Opportunities to utilize technology to reach more populations are vast. Swift reach, an emergency alert notification system is one example. Social networking internet sites, webcasts, and video and telephone technology are areas where the opportunity to reach new age groups exists. A realization and understanding that this may miss others (those that do not have access to internet) needs to be acknowledged.

Geographic Information Systems (GIS) is a tool that has been used to provide visual information can be expanded. Plans to map out existing fast food chains and cross mapping of Body Mass Index information obtained by schools has potential to identify health risks. GIS can also be used to illustrate safe beaches during summer months, safe water or food during power outages, areas of pedestrian accidents, fall injuries based on zip code, West Nile virus illness and mosquito pool testing results as well as rabies testing and baiting. This technological tool has vast opportunities of use for education.

Lastly, technology and data need to be used to create a data book for the NCDOH. The information gathered each month needs to be compiled to create an annual report which can then be utilized to assist in formulating the Community Health Assessment. The information should be presented in comparison to past years in order to understand the direction that health problems in NC are traveling.

In reviewing the data, resources available, and priorities identified, goals have been outlined below:

Goals based on Health Status Information and Health Priorities:

1. Promote Tobacco Cessation
 - a. Partner with hospitals to address tobacco cessation in community via community service plans
 - b. Partner with health care providers for medication assistance and tobacco cessation
 - c. Link interested persons with tobacco cessation programs
 - d. Continue ATUPA investigations (tobacco sales to minors)
2. Expand the Healthy Nassau Walking Program – promotes both physical fitness as well as balance for falls prevention
 - a. County government property
 - b. Businesses
 - c. Trails in Parks
 - d. Nassau County Master Plan development
3. Bone Health Promotion - bone strength and injury prevention
 - a. Vitamin D awareness, education and promotion
 - b. Calcium intake awareness and promotion
4. Healthy Homes program expansion and funding search
 - a. Minimize lead hazards
 - b. Minimize poor air quality
 - c. Minimize volatile organic compound risks
 - d. Minimize falls in homes
5. Promotion of Calorie Menu Labeling and Education
 - a. In schools
 - b. In county owned facilities
6. Promote Healthy Nutrition Intake
 - a. In schools
 - i. Healthy Choices in vending machines
 - ii. More fruit and vegetable options
 - iii. School wellness committees – policy changes
 - b. Parental education
 - c. Adults/Senior populations

7. Social Health and Advocacy
 - a. Increase HIV testing by NCDOH to improve early detection by 10%.
 - b. Expand teenage pregnancy prevention efforts with community partners
 - c. Promote health benefits and program availability with community partners
 - d. Minimize barriers to care
 - e. Target over 50 HIV testing
8. Cancer Screening and Prevention
 - a. Sun Prevention Education to lifeguards upon certification
 - b. Skin Cancer Screening Education to lifeguards upon certification
 - c. Promote cancer screening and access
9. Promote access to health care for uninsured at Community/Family Health Centers
10. Expand Geographic Information System and technology use for public health benefit

APPENDIX 1

NASSAU COUNTY HOSPITALS

Franklin Hospital Medical Center
900 Franklin Avenue
North Valley Stream, NY 11582
Telephone: 516-256-6000

Long Beach Medical Center
455 East Bay Drive
Long Beach, NY 11561
Telephone: 516-897-1000

Mercy Medical Center
1000 N. Village Avenue
Rockville Centre, NY 11570
Telephone: 516-705-2525

Nassau University Medical Center
2201 Hempstead Turnpike
East Meadow, NY 11554
Telephone: 516-572-0123

New Island Hospital
4295 Hempstead Turnpike
Bethpage, NY 11714
Telephone: 516-579-6000

North Shore University Hospital
300 Community Drive
Manhasset, NY 11030
Telephone: 516-562-0100

North Shore University Hospital at Glen Cove
St. Andrews Lane
Glen Cove, NY 11542
Telephone: 516-674-7300

North Shore University Hospital at Plainview
888 Old Country Road
Plainview, NY 11803
Telephone: 516-719-3000

North Shore University Hospital at Syosset
221 Jericho Turnpike
Syosset, NY 11791
Telephone: 516-496-6400

St. Francis Hospital
100 Port Washington Boulevard
Roslyn, NY 11576
Telephone: 516-562-6000

South Nassau Communities Hospital
2445 Oceanside Road
Oceanside, NY 11572
Telephone: 516-632-3000

Winthrop University Hospital
259 First Street
Mineola, NY 11501
Telephone: 516-663-0333

APPENDIX 2

NASSAU COUNTY NURSING HOMES

A. Holly Patterson Nursing Home
875 Jerusalem Avenue
Uniondale, NY 11553
Telephone: 516-572-1563

East Rockaway Progressive Care Facility
243 Atlantic Avenue
Lynbrook, NY 11563
Telephone: 516-599-2744

Bayview Nursing Home
1 Long Beach Road
Island Park, NY 11558
Telephone: 516-432-0300

Fulton Commons Care Center, Inc.
60 Merrick Avenue
East Meadow, NY 11554
Telephone: 516-222-9300

Beach Terrace Care Center
640 West Broadway
Long Beach, NY 11561
Telephone: 516-431-4400

Garden Care Center
135 Franklin Avenue
Franklin Square, NY 11010
Telephone: 516-775-2100

Belair Care Center
2478 Jerusalem Road
N. Bellmore, NY 11710
Telephone: 516-826-1160

Glen Cove Center for Nursing &
Rehabilitation
6 Medical Plaza
Glen Cove, NY 11542
Telephone: 516-671-9010

Central Island Healthcare
825 Old Country Road
Plainview, NY 11803
Telephone: 516-433-0600

Glengariff Health Care Corp.
141 Dosoris Lane
Glen Cove, NY 11542
Telephone: 516-676-1100

Cold Spring Hills Center for Nursing &
Rehabilitation
378 Syosset-Woodbury Road
Woodbury, NY 11797
Telephone: 516-622-7700

APPENDIX 3

NASSAU HEALTH CARE CORPORATION **COMMUNITY HEALTH CENTERS**

Elmont Community Health Center
161 Hempstead Turnpike
Elmont, NY 11003
Telephone: 516-571-8200

Freeport-Roosevelt Community Health Center
460 North Main Street
Freeport, NY 11520
Telephone: 516-571-8600

Hempstead Community Health Center
100 Main Street
Hempstead, NY 11550
Telephone: 516-572-1300

New Cassel/Westbury Community Health Center
682 Union Avenue
Westbury, NY 11590
Telephone: 516-571-9500

APPENDIX 4

CERTIFIED HOME HEALTH CARE AGENCIES

Able Health Care Service Inc.
76 North Broadway, Suite 4000
Hicksville, NY 11801
Telephone: 516-933-7000

Brookdale Hospital Medical Center Home
Care Department
8900 Van Wyck Expressway, Axel Building,
Jamaica, NY 11418
Telephone: 718-206-8465

Catholic Home Care
3249 Route 112, Building 4
Medford, NY 11763
Telephone: 631-696-1002

Excellent Home Care Services, LLC
91-93 South Third Street
Brooklyn, NY 11211
Telephone: 718-387-1800

Extended Home Care
360 West 31st Street
New York, NY 10001
Telephone: 212-563-9639

Family Care Certified Services of Nassau
120 West John Street
Hicksville, NY 11801
Telephone: 516-932-7799

Franklin Hospital Medical Center
444 Merrick Road
Lynbrook, NY 11563
Telephone: 516-881-7100

Gentiva Health Services
865 Merrick Avenue, 3rd Floor
Westbury, NY 11590
Telephone: 516-746-8013

Long Beach Medical Center CHHA
249 East Park Avenue
Long Beach, NY 11561
Telephone: 516-897-1300

Long Island Jewish Medical Center Home
Care Department
1983 Marcus Avenue
New Hyde Park, NY 11042
Telephone: 516-326-6500

Metropolitan Jewish Home Care, Inc.
440 Ninth Avenue, 14th Floor
New York, NY 10001
Telephone: 212-356-5500

North Shore Home Care
972 Brush Hollow Road
Westbury, NY 11590
Telephone: 516-876-5200

Revival Home Health Care
5350 Kings Highway
Brooklyn, NY 11203
Telephone: 718-629-1000

Saint Vincent's Catholic Medical Centers
(SVC MC) Home Health Agency
95-25 Queens Boulevard
Rego Park, NY 11374
Telephone: 718-830-4500

South Nassau Communities Hospital
2277 Grand Avenue
Baldwin, NY 11510
Telephone: 516-377-5000

Staff Builders Home Health,
99 Railroad Station Plaza
Hicksville, NY 11801
Telephone: 516-935-3737

VIP Health Services Inc.
116-06 Myrtle Avenue
Richmond Hill, NY 11418
Telephone: 718-847-5100

Visiting Nurse Association of Long Island Inc.
100 Garden City Plaza, Suite 100
Garden City, NY 11530
Telephone: 516-739-1270

Visiting Nurse Service of New York Home Care
107 East 70th Street
New York, NY 10021
Telephone: 212-794-9200

Winthrop-University Hospital Home Health Agency
290 Old Country Road
Mineola, NY 11501
Telephone: 516-633-8000

Yai Home Health Services
460 West 34th Street
New York, NY 10001
Telephone: 212-563-7474

APPENDIX 5

LONG TERM CARE AGENCIES

Beth Abraham Health Services Home Care
612 Allerton Avenue
Bronx, NY 10467
Telephone: 718-944-4695

Cold Spring Hills Center for Nursing &
Rehabilitation
378 Syosset-Woodbury Road
Woodbury, NY 11797
Telephone: 516-622-7828

Family Care Certified Services of Nassau
120 West John Street Suite G
Hicksville, NY 11801
Telephone: 516-932-7799

Franklin Hospital Medical Center
444 Merrick Road
Lynbrook, NY 11563
Telephone: 516-881-7100

Gurwin Jewish Nursing and Rehabilitation
Center LTHHCP
5036 Jericho Turnpike, Suite 202
Commack, NY 11725
Telephone: 631-387-2160

Long Beach Medical Center
249 East Park Avenue
Long Beach, NY 11561
Telephone: 516-897-1300

Parker Jewish Institute for
Health Care & Rehab
1 Delaware Dr, Suite 104
Lake Success, NY 11042
Telephone: 516-586-1500

Saint Vincent's Catholic Medical Centers
(SVCMC) Home Health Agency
95-25 Queens Boulevard
Rego Park, NY 11374
Telephone: 718-830-4500

South Nassau Communities Hospital
2277 Grand Avenue
Baldwin, NY 11510
Telephone: 516-377-5000

St Mary's Hospital for Children
6 Ohio Drive, Suite 202
New Hyde Park, NY 11042
Telephone: 718-281-6000

Visiting Nurse Association of Long Island,
Inc., LTHHCP
100 Garden City Plaza, Suite 100
Garden City, NY 11530
Telephone: 516-739-1270

Winthrop University Hospital
290 Old Country Road
Mineola, NY 11501
Telephone: 516-633-8000

APPENDIX 6

HOSPICE CARE

Calvary Home Health Agency and Hospice Care
1740 Eastchester Road
Bronx, NY 10461
Telephone: 718-518-2465

Comprehensive Community Hospice of Parker Jewish Institute
1 Delaware Drive
Lake Success, NY 11042
Telephone: 516-586-1575

Good Shepherd Hospice
245 Old Country Road
Melville, NY 11747
Telephone: 631-474-4040

Hospice Care of Long Island, Queens South Shore
99 Sunnyside Boulevard
Woodbury, NY 11797
Telephone: 516-832-7100

Hospice of New York
45-18 Court Square, Suite 500
Long Island City, NY 11101
Telephone: 718-472-1999

Metropolitan/Jewish Hospice of Greater NY/Metropolitan Jewish Hospice
6323 7th Avenue
Brooklyn, NY 11220
Telephone: 718-921-7900

APPENDIX 7

PRENATAL CARE ASSISTANCE PROGRAM (PCAP) PROVIDERS

Long Island Jewish Medical Center
270-05 76th Avenue, Room 343
New Hyde Park, NY 11042
Telephone: 718-470-4919

Mercy Medical Center
1000 North Village Avenue
Rockville Centre, NY 11570
Telephone: 516-705-2734

Nassau Health Care Corporation
Community Health Centers
Elmont; Freeport/Roosevelt; Hempstead; and Westbury/New Cassel
Telephone: 516-572-0591

Nassau University Medical Center
2201 Hempstead Turnpike
East Meadow, NY 11554
Telephone: 516-572-5126

North Shore University Hospital (Glen Cove)
101 St. Andrews Lane
Glen Cove, NY 11542
Telephone: 516-674-7631

North Shore University Hospital (Manhasset)
300 Community Drive
Manhasset, NY 11030
Telephone: 516-622-5107

Planned Parenthood of Nassau County
540 Fulton Avenue
Hempstead, NY 11550
Telephone: 516-750-2513

South Nassau Communities Hospital
One Healthy Way
Oceanside, NY 11572
Telephone: 516-255-8400

APPENDIX 8

HIV TESTING SITES

NYSDOH AIDS Institute

Anonymous HIV Counseling and Testing Site
250 Fulton Avenue
Hempstead, NY 11550
800-462-6785

Mercy Medical Center
1000 North Village Avenue
Rockville Center, NY 11570
516-705-1442

Nassau Health Care Corp - Elmont Health
Center
161 Hempstead Turnpike
Elmont, NY 11003
516-571-8200

Nassau Health Care Corp - Freeport-Roosevelt
Health Center
460 North Main Street
Freeport, NY 11520
516-571-8600

Nassau HealthCare Corp - Hempstead Health
Center
100 Main Street
Hempstead, NY 11550
516-572-1300

Nassau Health Care Corp - New
Cassel/Westbury Health Center
682 Union Avenue
Westbury, NY 11590
516-571-9500

Nassau University Medical Center
2201 Hempstead Turnpike
East Meadow, NY 11554
516-572-6506

North Shore University Hospital - Glen Cove
101 Saint Andrews Lane
Glen Cove, NY 11542
516-674-7577

North Shore University Hospital - Manhasset
300 Community Drive
Manhasset, NY 11030
516-562-4280

Planned Parenthood of Nassau County - Glen
Cove
110 School Street
Glen Cove, NY 11542
516-750-2500

Planned Parenthood of Nassau County -
Hempstead
540 Fulton Avenue
Hempstead, NY 11550
516-750-2500

Planned Parenthood of Nassau County -
Massapequa
35 Carmans Road
Massapequa, NY 11758
516-750-2500

APPENDIX 9

HOSPITAL SYSTEM ASSESSMENT

<u>Service Characteristic</u>	<u>Mercy Medical Center*</u>	<u>St. Francis Hospital*</u>	<u>Winthrop University Hospital</u>	<u>South Nassau Communities Hospital</u>	<u>NSLIJ Health System</u>	<u>Long Beach Medical Center</u>	<u>Nassau University Medical Center</u>	<u>New Island Hospital</u>
<i>Availability of Services</i>								
▪ Specialized Cardiology Services	X	X ¹	X	X	X	X	X	
▪ Stroke Center	X	X	X	X	X	X	X	X
▪ Bariatric Surgical Center	X		X	X	X			
▪ Hyperbaric Center/Specialized Wound Care			X	X		X	X	X
▪ Weight Management Program/Wellness Center	X	X	X	X		X		
▪ Comprehensive Diabetes Management Program		X	X		X	X	X	X
▪ Prenatal Care Assistance Program (PCAP)	X		X ²	X	X		X	
▪ Primary Care Outpatient Services	X	X	X	X	X	X	X	X
▪ Neonatology (high risk)	X		X	X	X		X	
▪ Geriatric Services	X		X	X	X	X	X	X
Nursing Home/Rehabilitation Center				X	X	X	X	
▪ Dialysis Center	X ³		X	X	X	X ²	X	X ³
▪ Transplant Services					X			
▪ Cancer Care – Specialized	X		X	X	X	X		
▪ Designated AIDS Center					X		X	
▪ Ambulatory Surgical Center	X		X		X	X	X	X
▪ Trauma Center			X	X	X		X ⁴	
▪ Sleep Center**								X
▪ Palliative Care	X	X	X	X	X	X	X	X
▪ Behavioral Health Services (Includes inpatient)	X			X	X	X	X	
Mental Health/Addiction Outpatient Program	X			X	X	X	X	
24 hour Crisis and Referral Hotline	X				X			
▪ Community-based Health Promotion Services	X	X	X	X	X	X	X	X
▪ Complementary and Alternative Medicine					X	X		

<u>Service Characteristic</u>	<u>Mercy Medical Center*</u>	<u>St. Francis Hospital*</u>	<u>Winthrop University Hospital</u>	<u>South Nassau Communities Hospital</u>	<u>NSLIJ Health System</u>	<u>Long Beach Medical Center</u>	<u>Nassau University Medical Center</u>	<u>New Island Hospital</u>
<u>Accessibility</u>								
▪ Medical Services offered on Mobile Van***		X	X ⁵		X	X	X ⁵	
▪ Patient Navigator/Coordinator Services			X		X	X	X	
▪ School Health Centers			X		X	X	X	
▪ Home Health Agencies	X		X	X	X	X		X
▪ Hospital Coordinated/Public Transportation	X		X	X	X	X	X	X
<u>Affordability of Care</u>								
▪ Medicaid accepted	X	X	X	X	X	X	X	X
▪ Charity care/Financial Assistance	X	X	X	X	X	X	X	X
▪ Sliding Fee Scale			X		X	X	X	X
<u>Acceptability of Care</u>								
▪ Cultural competency training/Advisory Committee	X		X	X	X	X	X	
▪ Workforce Diversity	X		X	X	X	X	X	X
▪ Linguistic Services	X	X	X	X	X	X	X	
▪ Quality Assurance								
Patient Satisfaction Surveys	X	X	X	X	X	X	X	
Quality Assurance Committee	X		X	X	X	X	X	
Community Board/Council	X		X	X	X	X	X	
▪ Evening and/or weekend hours offered for outpatient care			X	X	X	X	X	X ⁶
▪ Availability of private provider resources for Medicaid recipients	X		X	X ⁷	X		X	
<u>Primary/Secondary Service Area includes Nassau County's Targeted Communities</u>	X		X	X	X	X	X	X
* - Catholic Health Services of Long Island ** - Accredited by American Academy of Sleep Medicine *** - A service provided to address accessibility challenges ¹ - New York State Specialty Designated Cardiac Center ² - To be established in 2010 ³ - Inpatient only ⁴ - Includes designated Burn Center ⁵ - Limited to educational programs and screenings ⁶ - Limited to Select Services ⁷ - As part of Family Medicine Center								

EDWARD P. MANGANO, COUNTY EXECUTIVE

Nassau County Legislature

Kevan Abrahams District 1	Howard J. Kopel District 7	Joseph V. Belesi District 14
Roger Troiano District 2	Vincent T. Muscarella District 8	Dennis Dunne, Sr. District 15
John J. Ciotti District 3	Richard J. Nicolello District 9	Judith A. Jacobs District 16
Denise Ford District 4	Judi Bosworth District 10	Rose Marie Walker District 17
Joseph Scannell District 5	Wayne H. Wink, Jr. District 11	Diane Yatauro District 18
Francis X. Becker, Jr. District 6	Peter J. Schmitt District 12	David W. Denenberg District 19
	Norma Gonsalves District 13	

